

**OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS**

**SNAPSHOT INSPECTION
CENTRAL VIRGINIA TRAINING CENTER**

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OIG REPORT # 83-03

Facility: Central Virginia Training Center
Lynchburg, Virginia

Date: June 3-5, 2003

Type of Inspection: Snapshot Inspection / Unannounced

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EXECUTIVE SUMMARY

A Snapshot Inspection was conducted at Central Virginia Training Center in Lynchburg, Virginia on June 3-5, 2003. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three basic areas. The areas are as follows: the general conditions of the facility, staffing patterns and activity of patients.

CVTC is one of five training centers dedicated to providing residential and active treatment services to persons with mental retardation. This facility primarily serves individuals from the central region of the state but accepts admissions from across the Commonwealth. On the initial day of this inspection, the census of the facility was 608 residents. This represents a reduction of approximately 20 residents since the 2002 OIG inspection. CVTC continues to downsize through admission diversions, discharges, and transfers to other facilities. Once ranked the largest facility of its kind in the nation with a peak census of 3600, it currently is reported as the ninth largest.

CVTC has been the focus of a conjoint review by the OIG and the Virginia Office of Protection and Advocacy (VOPA) due to a high resident injury rate. Many improvements have been made since that time. A detailed comprehensive review of hazards within the physical environment was conducted and is part of the ongoing management of this facility. The role of professional rehabilitation staff was thoroughly reviewed such that now rehabilitation staff are routinely involved in the analysis of injuries. They provide focus on the prevention of future similar incidents. Additionally rehabilitative staff are now deployed and accessible throughout the facility as opposed to the previous more isolated consultant role.

During this inspection, the facility was noted to be well maintained, clean and comfortable. CVTC maintains the minimal staff to client ratio allowing for the provision of training while addressing the care and safety needs of the residents it serves. Residents at CVTC are provided with opportunities to participate in active treatment programming in a variety of settings depending upon their level of functioning.

One area of continued concern at this facility centers on the limited availability of psychiatric care including regular follow-up and consistent involvement of psychiatric personnel in on-going treatment.

PART I: STAFFING ISSUES

<p>1. Number of staff scheduled for this shift for this unit.</p> <p>DSA= Direct Services Associate</p>	<p>June 4 – Day Shift</p> <p>Unit 17A – 15 residents 6 DSA's (1 trainee), .5 LPN</p> <p>Unit 17B – 13 residents 6 DSA's (1 trainee), .5 LPN</p> <p>Unit 17D – 14 residents 6 DSA's (1 trainee)</p> <p>Unit 16A – 13 Residents 4 DSA's</p> <p>Unit 16B - 13 Residents 5 DSA's</p> <p>Unit 18A – 14 Residents 4 DSA's</p> <p>Unit 18C – 9 Residents 5 DSA's (1 trainee)</p> <p>Unit 31D – 20 Residents 2 LPN's, 5 CNA</p> <p>Unit 31B – 20 Residents 1RN, 1 LPN, 4 DSA's</p> <p>June 4 – Evening Shift</p> <p>Unit 2B - 13 Residents 4 DSA's</p> <p>Unit 2C – 11 Residents 3 DSA's</p>
<p>2. Number of staff present on the unit?</p>	<p>OIG staff noted that the actual staffing patterns varied somewhat from those identified above. Interviews with administrative staff revealed that those noted to be absent from the units were with individual clients off the residential unit.</p>

3. Number of staff doing overtime during this shift or scheduled to be held over?	Interviews indicated that 4 staff were working overtime during the evening shift. Even though it is the goal of the facility to limit the use of mandatory overtime through several deployment strategies such as scheduling and the use of voluntary overtime, the actual amount of overtime remains relatively high due to limited staffing.
4. Number of staff not present due absence because of workman's compensation injury?	OIG interviews conducted with staff during the inspection discovered that no staff members were out on workers compensation leave.
5. Number of staff members responsible for one-to-one coverage during this shift?	Interviews with facility staff indicated that during the inspection of the two shifts on the units listed above 4 staff members were responsible for a 1:1 coverage. This was either "within-sight" or "at arms length" due to self-injurious or aggressive behavior precautions. Other residents require special oversight for particular segments of their training programs but those individuals were not identified in this section.

6. Are there other staff members present on the unit? If so, please list by positions?

At some point during the inspection, OIG staff noted that Program Administrators, QMRP's, RNs, Med Aide and M.D. were all present on the units for various periods of time. On one specific unit a team including nurse, psychologist, psychiatrist, and social worker were present to work with a patient.

7. Additional comments regarding staff:

CVTC has experienced difficulty in recruiting and retaining direct care staff, particularly in the direct services associate positions. A review of staffing patterns over a month time-period and during the course of the inspection indicated that the facility operates with the minimum ratios for staff to residents. Many efforts have been implemented to engage an adequate workforce to address the training, care and safety needs of the residents. One such effort is to continue to downsize the census through admission diversions, discharges, and transfers to other facilities. Once ranked the largest facility of its kind in the nation, it currently is reported as the ninth largest.

One area of continued concern for this facility is the limited availability of psychiatric coverage. Interviews with administrative staff, a review of ten records for individuals on psychotropic medications and a review of six behavioral management plans demonstrated this facility's ongoing need for additional psychiatrist staff in order to address the needs of the residents. CVTC has requested assistance from the Central Office and the OAG in

reviewing the possibility of a psychiatrist from another state facility traveling to CVTC in order to support the work of the full-time staff psychiatrist. Approximately 230 residents are currently on psychotropic medications at the facility. Each person placed on these medications has a behavioral plan developed. Given the behavioral complexities of these individuals, as well as comparing this with other training centers in Virginia, the current number of psychiatrist hours is insufficient. This issue will be important for this facility to address in order to effectively manage the needs of these residents.

Finding 1.1: Direct observation, interviews and a review of staffing documentation revealed that the facility provided for adequate staffing patterns. This is consistent with facility policy and provides for treatment and safety concerns of the residents.

OIG Recommendation: Continue current levels of staffing.

DMHMRSAS Response: CVTC continues its on-going efforts to maintain current levels of staffing.

Finding 1.2: CVTC continues to function with limited psychiatric coverage.

OIG Recommendation: It is important for this facility to address this issue in order to effectively manage the treatment needs of these residents. As the facility is currently in the process of working with the Central Office and the Office of the Attorney General in reviewing the possibility of a psychiatrist from another facility traveling to CVTC in order to support the work of the full-time staff psychiatrist, no additional recommendations are made at this time. The OIG will be monitoring this issue closely.

DMHMRSAS Response: CVTC is pleased to report some progress in obtaining additional psychiatric services. A psychiatrist has been obtained via a contract with a Locum Tenens agency. The psychiatrist will begin providing services to the facility by August 1, 2003. Initially the psychiatrist will work one to two days a month. In addition, the DMHMRSAS Workforce Development Manager will be providing CVTC with technical assistance for recruitment and retention efforts.

PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS

1. Bed capacity for the unit: 2. Census at the time of the review:

During the review, the census of all three shifts was found to be:

Capacity:

Unit 17A – 15 residents
Unit 17B – 14 residents
Unit 17D – 14 residents
Unit 16A – 13 Residents
Unit 16B - 13 Residents
Unit 18A – 14 Residents

Census:

15 residents
13 residents
14 residents
13 residents
13 residents
14 residents

Unit 18C – 9 Residents	9 residents
Unit 31B – 20 Residents	20 residents
Unit 31D – 20 Residents	20 residents
Unit 2B - 13 Residents	13 residents
Unit 2C – 11 Residents	11 residents

3. Number of patients/residents on special hospitalization status

Interviews with staff indicated that during the inspection period, one resident was on special hospitalization status. CVTC has a medical facility on campus where persons can receive routine medical services and observation. Special hospitalization status as in the case referred to, the person was receiving medical care in the local off grounds hospital.

4. Number of patients/residents on special precautions?

Interviews with direct care staff, on the units toured, indicated that residents were noted to be on special precautions addressing issues such as falls, aggressive behavior, self-injurious behavior, and/or pica.

5. Number of patients/residents on 1 to 1?

Interviews with facility staff indicated that during the inspection of the two shifts on the units listed above indicated that 4 staff were responsible for a 1:1 coverage, either “within-sight” or “at arms length” distance.

6. Identify the activities of the patients/residents? During visits to several of the units residents were observed to be actively engaged in training and rehabilitative activities. This particular tour was focused on observing the physical management and rehabilitation of individuals.

7. Are smoke breaks posted?

Smoke breaks are allowed for those individuals who smoke, however, interviews with staff in the units toured indicated that there were not any persons who smoked residing on these units.

8. Do patients/residents have opportunities for off-ground activities?

Interviews with facility staff indicated that residents go on bus rides, train rides, to local parks, out shopping, to the Safari Park, restaurants, to play putt-putt, to dances in the community, the zoo, the circus, and movies and a variety of other activities.

9. As appropriate, do patients/residents have opportunities for snacks?

Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans. Snack breaks often occur around 10am, 2pm and 8pm.

10. Other comments regarding patient activities:

A significant administrative change that has occurred over the last year is the reconfiguring of rehabilitative services at CVTC. Previous to the CVTC-VOPA report issued in December 2000, access to rehabilitative services was primarily based on a consultation service model. Access to these professionals was limited to those who were referred by medical staff. Treatment was generally episodic as opposed to ongoing. Given the serious physical mobility problems experienced by the great majority of individuals within CVTC, individuals were at risk of losing function and experiencing unnecessary morbidity due to lack of attention to the physical management needs of very impaired individuals. (Examples include rubbing abrasions and repetitive motion injury due to ill fitted wheel chairs, fracture risk associated with improper transferring or lifting, repeated tripping, blood clots from inactivity, aspiration (or choking down food) and bed sores.) Too few individuals had access to vital physical management and rehabilitative services. At this time, the rehabilitation staff, which includes occupational and physical therapy staff are permanently stationed throughout the facility. This alone has increased the general staff exposure to these professionals and has resulted in many positive benefits for residents. In addition to a growth in the number of professionally developed and updated physical management plan, rehabilitative staff have been much more in contact with direct care staff. There are daily ongoing opportunities for exchange between this level of professional and direct care staff. This has raised the overall level of competence and sophistication of all staff in residential areas. Rehabilitative staff state that this has worked well for them and has added a new level of professional satisfaction in that they are much more consistently working as part of a team wherein they exchange information that ultimately helps them help the residents to a greater degree than in the situation of being only a consultant. It was very inspiring to tour the facility with rehabilitative staff and see the genuine compassion and skill they bring to these disabled citizens. It is very important to have a mix of professional with paraprofessional staff in providing quality care to these individuals. Being able to hire qualified professionals competitively is important. Concerns were described regarding current advertising and hiring practices for rehabilitative professionals.

OIG Finding 2.1: Reviews of resident schedules and direct observation reveal that individuals residing within CVTC have access to numerous activities that are individually designed to meet that individual's perceived need.

OIG Recommendation: Continue to offer solid active treatment programming for these residents.

DMHRSAS Response: DMHMRSAS concurs. We appreciate recognition by the Inspector General of the strides that the facility has made in providing solid, active treatment programming. The CVTC Assistant Director for Program Services as well as the Rehabilitation staff will continue to work with direct care staff on issues related to active treatment.

OIG Finding 2.2: Concern was raised by multiple staff regarding hiring issues related to rehabilitative staff. This is an issue at other training centers as well, most recently SVTC has reconfigured the way it advertises for rehabilitative professionals.

OIG Recommendation: DMHMRSAS should consider reviewing contemporary best practices for hiring rehabilitative professionals in training centers. A meeting or forum through which ideas regarding hiring these professionals is exchanged is recommended.

DMHMRSAS Response: The DMHMRSAS Workforce Development Manager will be providing CVTC with technical assistance for recruitment and retention of rehabilitation staff.

PART III: ENVIRONMENTAL ISSUES

AREA OF REVIEW: Common Areas	Comments and Observations
1. The common areas are clean and well maintained.	Tours indicated that the residential areas visited were clean and well maintained. Virtually every residential area at CVTC was observed in the course of this inspection.
2. Furniture is adequate to meet the needs and number of patients/residents.	Tours of units indicated that furniture was adequate to meet the needs of residents. Many pieces had been adapted for specific individuals and their positioning needs.
3. Furniture is maintained and free from tears.	Tours of residential and common areas indicated that furniture was free from tears and was well maintained.
4. Curtains are provided when privacy is an issue.	Tours of most living units demonstrated that blinds and curtains are provided for privacy from the outside.
5. Clocks are available and time is accurate.	On all areas toured clocks were available in public areas and had the correct time.
6. Notification on contacting the human rights advocate are posted.	A tour of each unit indicated that posters providing information on how to contact the Human Rights Advocate was posted in a public area on each unit.

7. There is evidence that the facility is working towards creating a more home-like setting.	All residential units toured indicated that the facility was working towards a more homelike atmosphere as appropriate for the population. Each residential unit had different homelike aspects. Observations noted areas decorated with stenciling, faux plants, specialized furniture, pictures, resident made crafts and stuffed animals. All areas had a TV and music available for clients.
8. Temperatures are seasonally appropriate.	Tours of units indicated that temperatures were comfortable.
9. Patients/residents have access to telephones, writing materials and literature.	Interviews with staff indicated that clients have access to communication materials and literature, anytime they wanted.
10. Hallways and doors are not blocked or cluttered.	Tours demonstrated that the facility has made an effort to remove physical obstacles. Hallways and doorways were noted to be free of clutter and obstacles.
11. Egress routes are clearly marked.	Tours of each unit indicate that egress routes are clearly marked.
12. Patients/residents are aware of what procedures to follow in the event of a fire.	Interviews with staff and residents indicated that fire drills are conducted once per shift per month and residents were aware of where to go for safe egress.
13. Fire drills are conducted routinely and across shifts.	Interviews with staff and residents indicated that fire drills are conducted once per shift per month and residents were aware of where to go for safe egress.
Bedrooms	Comments and Observations
1. Bedrooms are clean, comfortable and well-maintained.	All residential units toured were clean and well maintained.
2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.	Tours of all residential areas indicated that each resident has a mattress, sheet, blankets and pillow and if more is needed can obtain them upon request.

3. Curtains or other coverings are provided for privacy.	Tours of the residential units confirmed that curtains and other coverings are provided for clients' privacy.
4. Bedrooms are free of hazards such as dangling blind cords, etc.	The residential areas toured were free from hazards such as dangling cords from blinds or equipment.
5. Patients/residents are able to obtain extra covers.	Interviews with staff indicated that clients are able to obtain extra linens and covers.
6. Patients/residents are afforded opportunities to personalize their rooms.	Interviews with staff and tours of bedrooms indicated that clients are given the opportunity to personalize their rooms.
Seclusion Rooms	Comments and Observations
1. Seclusion and/or time out rooms are clean.	Not applicable.
2. Seclusion and/or time out rooms allow for constant observations.	Not applicable.
3. Bathrooms are located close to the seclusion or time-out areas.	Not applicable.
Bathrooms	Comments and Observations
1. Bathrooms were clean and well maintained	Tours of unit bathrooms indicated overall that bathrooms were clean. Three toilets were not flushed.
2. Bathrooms were noted to be odor free.	Tours of unit bathrooms across all shifts indicated that all were odor free.
3. Bathrooms were free of hazardous conditions.	Tours of unit bathrooms indicated that all were free of hazardous conditions. The facility has worked to identify and correct obstacles in bathrooms.
Buildings and Grounds	Comments and Observations

1. Pathways are well-lit and free of hazardous conditions.	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
2. Buildings are identified and visitor procedures for entry posted.	Upon entering the center all visitors are greeted by staff and asked to identify themselves with a badge or other form of identification.
3. Grounds are maintained.	A driving tour of the grounds confirmed that they were well maintained.
4. There are designated smoking areas with times posted.	Tours on selected units did not reveal any residents that smoked.
5. Patients/residents have opportunities to be outside.	Interviews with staff indicated that clients with the appropriate privileges regularly go outside on and off grounds.

Other comments regarding the environment:

OIG Finding 3.1: Overall, the environment was well maintained, clean and comfortable.

Recommendation: CVTC administration and staff have focused an effort on identifying, correcting and maintaining potential hazards within this setting. No additional recommendations are warranted.

DMHMRSAS Response: DMHMRSAS concurs. DMHMRSAS appreciates the efforts made by CVTC staff to significantly improve the internal environment. Be assured that